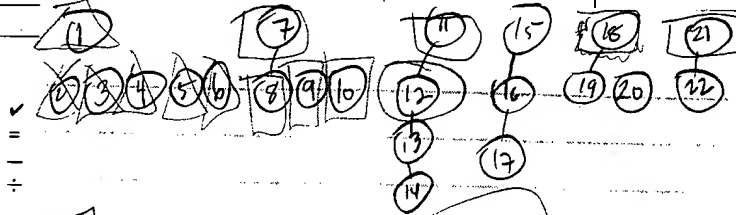
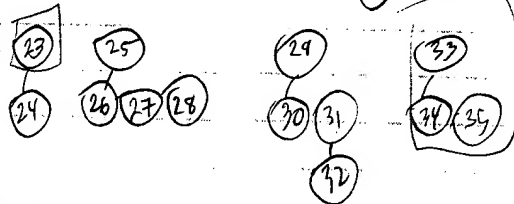


POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		6-26-00
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FORMALITY REVIEW	ll	823	8/9/00
RESPONSE FORMALITY REVIEW			



Claim Date

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Best Available Copy

If more than 150 claims or 10 actions  
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